

02-16-01

CPA/37
K/MLM CV



**CONTINUED PROSECUTION APPLICATION
(CPA REQUEST TRANSMITTAL)**

Check Box, if applicable:
☐ [X] Duplicate

Assistant Commissioner for Patents
Box CPA
Washington, DC 20231

Attorney Docket No. 071340.0018
First Named Inventor: David H. McDaniel
Express Mail Label No. EL098882568US
Total Pages of Transmittal Form: 2

**NEW TITLE: PROCESS FOR INHIBITING ACTIVITY, REDUCING SIZE &
DESTROYING GROWTH OF SEBACEOUS GLAND**

This is a request under 37 CFR 1.53(d) for a continued prosecution application (CPA) which is a
☐ Continuation or ☒ Divisional of pending prior application **09/203,178**, filed on **November
30, 1998. Cancel all prior claims except claims 12-15.**

Anticipated Group/Art Unit 3739, or Class &@, Subclass &@.

- ☐ Enter the unentered Amendment previously filed on &@ under 37 CFR 1.116 in the pending non-provisional application.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b) (37 C.F.R. §1.213(a)).
- ☒ Substitute Specification (filed with original application).
- ☒ A Preliminary Amendment is enclosed.
- ☐ This application is filed by fewer than all the inventors named in the pending application, 37 CFR 1.53(d)(4). Delete the following inventor(s) named in the prior non-provisional application: &@; &@.
- ☐ A new Power of Attorney is enclosed.
- ☒ Previously filed Information Disclosure Statement, PTO-1449 and cited references are enclosed.
- ☒ Previously filed formal drawings are enclosed.
- ☐ A Petition for Extension of Time along with requisite fee is enclosed.
- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☒ Other: Prepaid return postcard – please stamp & return.

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CPA REQUEST

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$355			BASIC FEE: \$710	
Total	4-20 =	0	X\$9	\$	OR	X\$18	\$ 0.00
Independent	1-3 =	0	X\$40	\$	OR	X\$80	\$ 0.00
Multiple Dependent Claim(s) Present			\$135	\$	OR	\$270	\$ 0.00
			TOTAL	\$	OR	TOTAL	\$355.00

- ☒ A check in the amount of **\$355.00** to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 071340.0018)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$ _____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

February 15, 2001
(Date)

By: Alex Chartove
Alex Chartove
 Registration No. 31,942
AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.
 1333 New Hampshire Avenue, N.W., Suite 400
 Washington, D.C. 20036
 Telephone: 202-887-4000
Direct Dial: 202 887-4149
 Facsimile: 202 887-4288
 E-Mail: achartove@akingump.com

☒ Customer Number or Bar Code Label: **000270**

Enclosures